

Request to Delete/Inactivate a WVFIMS Fund/Subledger

Department: _____

Agency Name: _____

Address: _____

Agency Contact: _____

Phone: _____ Email: _____

State Organization Financial Information: State Level Organization: _____

Fund Number: _____

Revenue Subledgers: Delete All: Y / N if N, specify _____

Expenditure Subledgers: Delete All: Y / N if N, specify _____

Fund Name: _____

Code Reference authorizing creation of fund: _____

Purpose of fund: _____

Original revenue source of the funds: _____

When was the last transaction in the fund (fiscal year)? _____

Amount of cash balance (if any): _____

Signature below acknowledges that the above funds are free of obligations and eligible for transfer.

Comments: _____

Agency/Division Administrator (*signature - blue ink*)

Date

Official Use Only

Approved by:

Director of Accounting/State Auditor's Office

Date

Director of the Budget/State Budget Office

(if cash involved)

Date

Office of Technology

Date

Approved financial code (*process on an IGT*)

	From:	To:
Fund		
FY		
Org		
Activity		999
Object/Revenue Source		

Approval flow:

- _____ Agency request
- _____ State Auditor's Office
- _____ State Budget Office (*if cash involved*)
- _____ Agency to prepare IGT (*if cash involved*)
- _____ State Auditor's Office - IGT (*if cash involved*)
- _____ Office of Technology

You can email this form to Eric.Wagner@wvsao.gov or deliver to the State Auditor's Office, Accounting Section, Building 1, Room W 144, Charleston, WV 25305.